REQUEST FOR PROPOSAL ADP-RFP-08-04

YOUTH TECHNICAL ASSISTANCE (TA) AND TRAINING FOR IMPROVING PREVENTION, TREATMENT, AND RECOVERY SERVICES TO YOUTH

QUESTIONS/RESPONSES

QUESTION -

The title of the RFP refers to prevention services and the term, "prevention, treatment, and recovery" occurs frequently throughout the document. However, whenever specific project requirements are discussed, they tend to focus on treatment in rather more detail than prevention (Page 7, for example). ADP already has a prevention TA contract with CARS. In material posted on the ADP website, CARS describes its Community Prevention Initiative as providing a "technology transfer system development center serving ATOD prevention organizations and practitioners throughout California. Its primary role is to synthesize and translate state-of-the-art ATOD community prevention research-based findings into effective, culturally competent training and technical assistance services that meet the needs of the ATOD prevention services field." Clearly there is a place for discussion of the role of prevention in an overall continuum of services for youth, but it seems duplicative for us to propose services that ADP is already paying CARS to do.

Can you provide some qualitative and quantitative guidance on the role of prevention related services in this RFP, particularly as they are distinct from existing training and TA offerings from CARS?

ANSWER -

 Use of the term "prevention" in the RFP is for overall context related to the Continuum of Services as defined in Attachment 1 of the RFP, Definitions. This context is also emphasized in the RFP, 1.2 Background A., where it refers to "the system of AOD services in California."

RFP, 1.2 Background A., also states: "However, the availability of treatment services for youth continues to lag far behind the need." Further, RFP 1.2 Background B., states: "In addition to limited capacity and fiscal constraints, there are programmatic barriers to providing youth treatment services in the current system. Many programs lack the ability and/or resources to design and implement outcome, clinical, fiscal and automated systems to measure access, quality and client improvement."

These sections clarify that youth treatment is the focus of the RFP.

 The RFP asks (Pg 11, item B. 1. d)) for the number of TA days required to conduct the needs assessment and conduct the gap analysis. Are these days to be included in the 193 day minimum TA requirement?

ANSWER -

Yes.

QUESTION -

 One of the requirements is that we have 2 letters of recommendation from 'agencies for which the bidder has provided services in the past 3 years' (Pg 13, Item D.2.). One of these agencies is ADP itself. Last year ADPI produced a document for ADP relating to Prevention and Early Intervention services under the Mental Health Services Act. Is there a problem in requesting a letter of recommendation from ADP for the work we did on this paper?

ANSWER -

You are welcome to request a letter of recommendation. However, it may
be a conflict of interest for an ADP employee to provide a reference on an
ADP procurement. The general nature of the question does not allow
ADP to provide more specific advice. However, it is very important to
protect the integrity of the procurement process.

QUESTION -

 Would you prefer having resumes and letters of commitment in an attachment or as a part of Section 2.4 E.? It seems the proposal would be easier for reviewers to read if I put a providing a brief listing of staff and consultants along with the duty statement in section 2.4 E and then place the many pages of resumes in an appendix. Nevertheless, we'll do as you direct.

ANSWER -

 Please note that Section 2.1.A states "All required components of the proposal must be present and follow the order of the RFP"

Is there a preferred duty statement format for project personnel?

ANSWER -

No.

QUESTION -

With regard to consultants, Attachment II, Sample Contract states on page 35 that, "Prior authorization in writing by ADP will be required before Contractor will be reimbursed for any purchase order or subcontract exceeding \$5,000 for any articles, supplies, equipment or services or for any fee, or other payment, and for consultation costs exceeding \$350 per day, except for public utility services." Does this refer to subcontractors listed in Section 2.4 E? As the proposal currently stands, Only 2-3 staff will be actual employees of ADPI. The needs assessment and gap analysis will be conducted by UCLA under subcontract and the remainder of personnel providing the training and TA would be contracted by ADPI. Would these independent contractors be considered consultants under the terms of the RFP? If so, I will need to follow up with an additional request for clarification of RFP language.

ANSWER -

All subcontracts over \$5,000, in general require ADP approval.
 Consultation costs exceeding \$350 per day also require ADP approval. If there are independent contractors in your response to 2.4.E. that meet those requirements, yes.

QUESTION -

• Is an introduction/executive summary permitted? I did not see a statement restricting content only to specific RFP items. I don't want to burden reviewers with extraneous content, but it seems a 1-2 page summary would be helpful.

ANSWER -

 No. Please note Section 2.1.A. You must address all required components and follow the order of the RFP.

• The RFP requires that the plan of work "provide a minimum of 193 days of TA and training statewide during the 12-month contract period, as described in section 1.7 C. It is stated that three regional training events and a Youth Treatment Workshop for ADP are a part of that commitment. Does each of these larger events count for only one day of this commitment regardless of how many consultants are required to participate, and regardless of how many county and/or local organizations participate in each event?

ANSWER -

 Applicants may suggest the best use of TA days, as long as the specified activities are all covered. Follow the instructions in Section 1.7.

QUESTION -

 Would ADP consider amending the RFP to separate out the three regional training events and the Youth Treatment Workshop from the training and TA days, and also to allow the training and TA days to be defined as one consultant day serving one county and/or local AOD provider?

ANSWER -

No.

QUESTION -

• For purposes of estimating costs, *can you approximate how many persons have come to regional AOD training events in the past, or **can you give us a range of possible persons that might be in attendance?

ANSWER -

- *No.
- **No.

QUESTION -

 Is the cost of coffee, tea, beverages, and meals typically included as a cost of regional training events?

ANSWER -

No.

 Can the contractor anticipate that they will be able to use County facilities at no cost for such events? **Or should our estimates include typical meeting expense at a hotel?

ANSWER -

- *ADP has no control over county facilities. Contractor must arrange facilities.
- **This depends on what the applicant decides. ADP recommends the applicant verify facility availability and cost prior to submitting a proposal.

QUESTION -

On page 9 of 78, in item R. it states that the successful contractor "... will
collaborate with at least one other ADP Technical Assistance Contractor
to conduct a joint training event each year." Could you provide a *list of
those contractors and **identify what ADP hopes to achieve through this
training?

ANSWER -

- *Yes, the TA contractors are:
 - ONTRACK Program Resources, Inc.
 - American Society on Aging
 - National Asian Pacific American Families Against Substance Abuse
 - California Association of Addition Recovery Resources
 - California Hispanic Commission on Alcohol and Drug Abuse
 - Gil Gerald & Associates, Inc.
 - California Friday Night Live Partnership
 - > California Rural Indian Health Board, Inc.
 - Center for Applied Research Solutions
 - > Children & Family Futures, Inc.
- **This depends on what the applicant decides.

 If our company engages subcontractors who serve as principals on our project team, and who submit letters of commitment as part of our bid package, can we submit the references of our subcontractors with our company references?

ANSWER -

• It is the applicant's decision what to include to comply with the requirements in this Section.

QUESTION -

 Does ADP have a list of its county and/or local AOD providers that the contractor can use for marketing?

ANSWER -

Yes.

QUESTION -

 Clarification on the support to ADP "(including creating and supporting a youth treatment workshop and the Department's subrecipients)..." *Is the youth treatment workshop different from the regional training? **Who are the sub-recipients? (Pg 6, #C)

ANSWER -

- *Yes. The youth treatment workshop may be different than the regional training. Content depends on what the applicant decides is a necessary part of their proposal. Follow the instructions in Section 1.7.
- **ADP receives federal grants. ADP then awards federal grant money to other entities. These entities are sub-recipients.

 Clarification re "inform County AOD Administrators in writing, 24 hours prior to the deliver of services, of any TA conducted or provided to an AOD agency located in the Administrator's county." (Pg 7, #I) Is that every TA assignment, or just regional training?

ANSWER -

 The County AOD Administrator must be informed of every technical assistance activity that will be conducted in the county 24 hours in advance, in writing.

QUESTION -

• Clarification re ADP providing the evaluation form. (Pg 8, #J) *Is this the sample from the packet? **Can it be revised/expanded?

ANSWER -

- *Yes.
- **All revisions must be approved by ADP..

QUESTION -

 Clarification re including "Relevant statistical data on the number of youth served per county" in the monthly report. (Pg 8, #M, first bullet) Since TA contractors don't typically provide direct services, what specific data are we to include? CENSUS data? Number of youth served by the organizations we've provided TA for that month?

ANSWER -

 This depends on what the applicant decides is a necessary part of their proposal. Follow the instructions in Section 1.7.

QUESTION -

Is there an existing youth treatment constituent committee?
 (Pg 9, #Q)

ANSWER -

No.